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March 4, 2014

Re: Raised Bill SB279

Good Morning Mr. Chairman, and members of the committee,

The members of the Connecticut Academy of Audiology present today with concerns for the proposed language in SB279. Our membership is comprised of audiologists who are specially trained to diagnose and treat hearing disorders. Our treatments include the prescription and fitting of hearing aids.

Specifically, the CTAA membership is:

- 1) *In favor* of the portion of the bill that seeks to expand hearing aid coverage to include individuals beyond the current twelve years old and under. Any financial assistance that encourages patients to seek help for their hearing loss is viewed as positive. Untreated hearing loss results in a reduced ability to learn, interact with friends and family, and can result in withdrawal and social isolation. Ultimately untreated hearing loss can result in a reduced ability to be a productive member of society.
- 2) *Not in favor* of including the proposed language that suggests that "a graduated scale for deductibles for hearing aids that correspond to the level of hearing loss" be established. This language has the potential to be discriminatory to patients with mild to moderate hearing loss as the investment in hearing aids and the associated professional fees to fit them do not vary based on degree of loss. Also, hearing loss configuration and the impact on patient lifestyle varies widely and establishing fair criteria to determine degree of loss could prove to be a daunting administrative task.
- 3) Recommending modified language to the current statute from:
"the policy may limit the hearing aid benefit to one thousand dollars within a twenty-four-month period" to: "the policy may limit the hearing aid benefit to one thousand dollars towards the total cost of hearing aids within a twenty-four-month period." As with other custom fit orthotic and prosthetic devices, the cost of one hearing aid including the associated professional fees often exceeds \$1000. The language in this bill should be clear to individual and group health policy writers that patients should be able to apply the \$1000 towards the total cost of their purchase and that the coverage should in no way restrict the patient's ability to choose and obtain hearing aid(s) that exceed \$1000.

Respectfully,

Cathleen A. Alex, Au.D.
Connecticut Academy of Audiology